

July 24, 2019

BY ELECTRONIC FILING

Marlene H. Dortch, Secretary
Federal Communications Commission
445 Twelfth Street, S.W.
Washington, D.C. 20554

Re: *Promoting Telehealth in Rural America*, WC Docket No. 17-310,
Draft Report & Order (FCC-CIRC1908-03)

Dear Ms. Dortch:

By its undersigned counsel, Alaska Communications herein addresses one aspect of the above-captioned draft Report and Order, and respectfully requests that this letter be made part of the record in this proceeding.

The draft Report and Order would adopt rate ceilings for the rural rate eligible for support under the telecom program.¹ The draft Report and Order instructs USAC to calculate a median rural rate based on “available rates for the same or similar services offered within the healthcare provider’s rural tier” in the same state.² Under the draft Report and Order, however, all but a small number of locations in Alaska would be grouped in the “extremely rural” tier *with a single median rate for all*, regardless of whether a location is on-road or off-road. Alaska Communications has proposed a more nuanced approach that reflects the unique problem of providing broadband telehealth services in Alaska’s off-road communities.³ Below, Alaska Communications provides additional sources for information about off-road communities.

As part of a statewide transportation improvement program, the state of Alaska maintains and publishes detailed maps of the state that show whether a community is connected by road to Anchorage, Fairbanks or Juneau,⁴ where fiber-based telecommunications networks connect

¹ Draft Report and Order ¶61.

² Draft Report and Order ¶57.

³ *E.g.*, *Promoting Telehealth in Rural America*, WC Docket No. 17-310, Letter from Karen Brinkmann, Counsel to Alaska Communications, to Marlene Dortch, FCC Secretary (filed July 19, 2019); *id.*, Supplemental Comments of Alaska Communications (filed Jan. 30, 2019) at 11-13.


⁴ *See* Alaska Department of Transportation and Public Facilities, STIP Project View Map, *available at*:

Alaska with networks outside the state, including the Internet.⁵ In other words, whether a community is identified as “off-road” can be determined based on maps objectively created at the state level, that easily can be accessed by the Commission, USAC and the public, that cannot be manipulated by service providers or healthcare providers, and that can be identified in advance of developing prices for services.

Similarly, the University of Alaska’s Center for Rural Health and Health Workforce has published a list that distinguishes between “rural” and “frontier” communities in the state, for purposes of determining where healthcare workers are most in need.⁶ The distinction between “rural” and “frontier” communities also corresponds with “on-road” and “off-road” categories.

Dividing the “extremely rural” tier into “on-road” and “off-road” sub-tiers or “extremely rural” and “frontier” sub-tiers will greatly increase the likelihood that a median for rates for similar services within the sub-tier will be a reasonable ceiling for such rates. At the same time, adopting two sub-tiers for extremely rural areas will continue to exert meaningful downward pressure on rural rates. Bandwidth prices for similar services can vary widely within the sub-tier of off-road communities, a number of which are served by more than one terrestrial network (Nome is an example). As prices for similar services offered in all off-road communities in the state would be grouped together, under the draft Report and Order, the resulting set of rates collected by USAC would be sufficiently diverse that the median prices for similar services in off-road areas still would exert significant downward pressure on the higher rates in extremely rural off-road areas. Of course, the same would be true for extremely rural on-road communities. Accordingly, the benefits the draft Report and Order seeks to achieve still would be realized with an off-road or frontier sub-tier within the extremely rural tier.

Congress intends that healthcare providers have affordable access to the services they need to provide medical care in all rural parts of the Nation, including the off-road locations that are the most difficult to serve and where healthcare services are least accessible to residents.⁷ In Alaska, the types of available services, and the cost of providing service, vary significantly between Alaska’s on-road and off-road communities. Alaska Communications respectfully submits that the Commission will better serve the public interest if the draft Report and Order is

<https://akdot.maps.arcgis.com/apps/webappviewer/index.html?id=e6b614a89233473c9567435b26ece34c> (after the map loads, open the Basemap Gallery, marked with the symbol “”, and choose “OpenStreetMap” or “Streets;” individual roads become visible by using the “+” and “–” symbols to zoom in on specific communities or routes).

⁵ Many communities shown on the state Department of Transportation maps as connected to Juneau are connected only by “marine highway” (boat) rather than by terrestrial road, and thus are considered “off-road” for telecommunications purposes.

⁶ P. Sammartino, “Classification of Rural -- by Community,” University of Alaska Anchorage Center for Rural Health and Health Workforce (Aug. 2014), available at: <http://dhss.alaska.gov/dph/HealthPlanning/Documents/sharp/Program%20Reports%20and%20Information/SHARP%20-%20Site%20Location%20-%20Rurality%20-%20Community%20Catalogue%20-%20as%20of%202015-04-06.pdf.pdf>.

⁷ See 47 U.S.C. §254(h)(1)(A); draft Report and Order ¶1.

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modified by creating two sub-tiers in the “extremely rural” tier, so that median rates are developed for off-road or frontier locations separately from the median prices for on-road locations.

Please direct any questions concerning this matter to me.

Respectfully submitted,



Karen Brinkmann

Counsel to Alaska Communications

cc: Preston Wise
Arielle Roth
Joseph Calascione
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Randy Clarke
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